

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

30

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX	Date Received	<p>2022 JAN 18 PM 2:40</p> <p>FILED</p> <p>JOHN F. HANSEN COUNTY CLERK DALLAS COUNTY TEXAS</p>
D'Metria Benson		Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE	Receipt # Amount \$	
7324 Gaston Ave. Ste. 124, PUB 3098 Dallas Texas 75214		Date Processed	
Change of Address <input type="checkbox"/>		Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	7 (214) 320-4853	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Mrs Jessica Stettler Praeger	
NICKNAME LAST SUFFIX		Stettler Praeger	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE	7144 Carousel Circle Dallas Texas 75214	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	7 (214) 912-1879	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 7 / 1 / 21    THROUGH    12 / 31 / 21		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
Month Day Year		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
3 / 1 / 22			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 62,523 <sup>07</sup> / <sub>XX</sub>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 883 <sup>41</sup> / <sub>XX</sub>
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,513. <sup>88</sup> / <sub>XX</sub>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 134,702 <sup>31</sup> / <sub>XX</sub>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

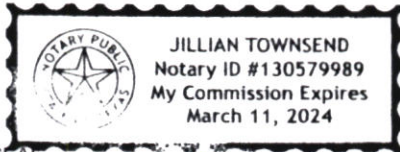
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*D'Metrica Benson*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by D'Metrica Benson this the 18 day of January

20 22 to certify which, witness my hand and seal of office.

*Jillian Townsend*  
Signature of officer administering oath

Jillian Townsend  
Printed name of officer administering oath

Notary  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> <i>D'Metria Benson</i>	<b>20 Filer ID (Ethics Commission Filers)</b>
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21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>62,523<sup>67</sup>/<sub>xx</sub></i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>20,513<sup>88</sup>/<sub>xx</sub></i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A(J)1: <i>1/14</i>
2 FILER NAME <i>D'Metria Benson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/20/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>William &amp; Diane Wiles</i>	7 Amount of contribution (\$) <i>250<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>1301 Wending Brook Dr Garland TX 75044</i>		
8 Contributor's principal occupation <i>attorney</i>		9 Contributor's job title <i>attorney</i>
10 Contributor's employer/law firm <i>Mayer LLP</i>		11 Law firm of contributor's spouse (if any) <i>Orser &amp; Nelson</i>
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>10/20/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Angel Avant</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1595 N. Central Expressway Richardson TX 75080</i>		
Contributor's principal occupation <i>attorney</i>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>10/14/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Sommerman, McCafferty</i>	Amount of contribution (\$) <i>21500</i>
Contributor address; City; State; Zip Code <i>3811 Turtle Creek Blvd #1400 Dallas TX 75219</i>		
Contributor's principal occupation <i>attorneys</i>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <i>2/16</i>
2 FILER NAME <i>D'Metria Benson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/19/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Judge Gene Slaughter Campaign</i>	7 Amount of contribution (\$) <i>700</i>
6 Contributor address; City; State; Zip Code <i>12700 Coit Rd # 720 Dallas TX 75251</i>		
8 Contributor's principal occupation <i>a Horney - judge</i>		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>10/20/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Miller Weishrod LLP</i>	Amount of contribution (\$) <i>5,000</i>
Contributor address; City; State; Zip Code <i>11551 Forest Central Dr # 300 Dallas TX 75243</i>		
Contributor's principal occupation <i>a Horney</i>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>10/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Carl Ginsberg</i>	Amount of contribution (\$) <i>2500</i>
Contributor address; City; State; Zip Code <i>4402 W. Lovens Lane Dallas TX 75209</i>		
Contributor's principal occupation <i>a Horney - judge</i>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>3/16</b>
2 FILER NAME <b>Dimetria Benson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/14/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Gonzalez Law Group</b>	7 Amount of contribution (\$) <b>1,000</b>
6 Contributor address; City; State; Zip Code <b>12166 Abrams Rd #503 Dallas TX 75243</b>		
8 Contributor's principal occupation <b>attorney</b>		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>9/15/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>H. Grady Chandler</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>12222 Merit Drive #1200 Dallas TX 75251</b>		
Contributor's principal occupation <b>a Horney</b>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>10/20/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Jason January</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3030 LBJ #130 Dallas TX 75234</b>		
Contributor's principal occupation <b>a Horney</b>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

13,600

40,100

-13,600

= ~~25~~  
26,500

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>4/16</b>
2 FILER NAME <b>Dimetria Benson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/12/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Al Ellis</b>	7 Amount of contribution (\$) <b>100</b>
6 Contributor address: City: State: Zip Code <b>3811 Turtle Creek Blvd #1400 Dallas TX 75219-4492</b>		
8 Contributor's principal occupation <b>attorney</b>		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <b>10/20/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Edward Sampson</b>	Amount of contribution (\$) <b>519.52</b>
Contributor address: City: State: Zip Code <b>4851 LBJ Fwy #710 Dallas TX 75244</b>		
Contributor's principal occupation <b>attorney</b>		Contributor's job title
Contributor's employer/law firm <del>Holtzman</del>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <b>10/20/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Roy Khivallah</b>	Amount of contribution (\$) <b>5,000</b>
Contributor address: City: State: Zip Code <b>325 N. St. Paul Ste 3300 Dallas TX 75201</b>		
Contributor's principal occupation <b>attorney</b>		Contributor's job title
Contributor's employer/law firm <b>Hamelton Wingo</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>5/16</b>
2 FILER NAME <b>D'Metria Benson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/20/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>John Jose</b>	7 Amount of contribution (\$) <b>\$1,038</b>
6 Contributor address; City; State; Zip Code <b>100 Lexington St. #70 Fort Worth TX 76102</b>		
8 Contributor's principal occupation <b>a Honey</b>		9 Contributor's job title
10 Contributor's employer/law firm <b>Slack, Davis</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>10/19/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>David Clouston</b>	Amount of contribution (\$) <b>2,596<sup>32</sup></b>
Contributor address; City; State; Zip Code <b>900 Jackson St. #440 Dallas TX 75202</b>		
Contributor's principal occupation <b>a Honey</b>		Contributor's job title
Contributor's employer/law firm <b>Sessions, Israel</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>10/19/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Patrick Watson</b>	Amount of contribution (\$) <b>519<sup>52</sup></b>
Contributor address; City; State; Zip Code <b>870 W 1303lebu Garland TX 75048</b>		
Contributor's principal occupation <b>a Honey</b>		Contributor's job title
Contributor's employer/law firm <b>Rest Watson + Gilbert</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>6/16</b>
2 FILER NAME <b>D'Metria Benson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/19/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Geoff Schorr</b>	7 Amount of contribution (\$) <b>255<sup>55</sup></b>
6 Contributor address; City: State: Zip Code <b>328 W 1-30 #2 Garland TX 75043</b>		
8 Contributor's principal occupation <b>a Honey</b>	9 Contributor's job title	
10 Contributor's employer/law firm <b>Schorr Law Firm</b>	11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>10/12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Bobby Rubarts</b>	Amount of contribution (\$) <b>75000</b>
Contributor address; City: State: Zip Code <b>1700 Pacific #4500 Dallas TX 75201</b>		
Contributor's principal occupation <b>a Honey</b>	Contributor's job title	
Contributor's employer/law firm <b>Konvey Rubarts</b>	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		
Date <b>10/7/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Lucas Lafitte</b>	Amount of contribution (\$) <b>100</b>
Contributor address; City: State: Zip Code <b>7402 Woodspings Dr. Garland TX 75044</b>		
Contributor's principal occupation <b>attorney</b>	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>7/16</b>
2 FILER NAME <b>D'Metria Benson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/7/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Christopher Hutson</b>	7 Amount of contribution (\$) <b>10415</b>
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ <b>1221 Abrams Rd Ste 100 Richardson TX 75081</b>		
8 Contributor's principal occupation <b>a Attorney</b>		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>9/30/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Angel Reyes</b>	Amount of contribution (\$) <b>\$5,000</b>
Contributor address: _____ City: _____ State: _____ Zip Code _____ <b>8222 Douglas Ave # 400 Dallas TX 75225</b>		
Contributor's principal occupation <b>a Attorney</b>		Contributor's job title
Contributor's employer/law firm <b>Reyes Bourne Reilly</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>9/27/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Kathy Frognoli</b>	Amount of contribution (\$) <b>100</b>
Contributor address: _____ City: _____ State: _____ Zip Code _____ <b>4574 Cele Ave Ste 1490 Dallas TX 75205</b>		
Contributor's principal occupation <b>attorney</b>		Contributor's job title
Contributor's employer/law firm <b>Sunden Medatms</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>8/16</b>
2 FILER NAME <b>D'Metria Benson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/13/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>P. Michael McCullough</b>	7 Amount of contribution (\$) <b>500</b>
6 Contributor address: City: State: Zip Code <b>12222 Merit Dr. # 1200 Dallas TX 75251</b>		
8 Contributor's principal occupation <b>a Homemaker</b>		9 Contributor's job title
10 Contributor's employer/law firm <b>McCullough Medators</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>9/12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Rex Mills</b>	Amount of contribution (\$) <b>259<sup>92</sup></b>
Contributor address: City: State: Zip Code <b>101 E Park Blvd Ste 1001 Plano TX 75074</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title
Contributor's employer/law firm <b>Grude IT, LLC</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>9/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Domingo Garcia</b>	Amount of contribution (\$) <b>5,000</b>
Contributor address: City: State: Zip Code <b>1111 W Mockingbird # 1200 Dallas TX 75247</b>		
Contributor's principal occupation <b>a Homemaker</b>		Contributor's job title
Contributor's employer/law firm <b>Domingo Garcia Law Office</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

# SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>9/16</b>
2 FILER NAME <b>D'Metria Benson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/9/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Russell Button</b>	7 Amount of contribution (\$) <b>259.92</b>
6 Contributor address; City; State; Zip Code <b>4315 W. Lovers Ln # A Dallas TX 75209</b>		
8 Contributor's principal occupation <b>a Horey</b>		9 Contributor's job title
10 Contributor's employer/law firm <b>Button Law Firm</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>9/9/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Michael Lyons</b>	Amount of contribution (\$) <b>5,000</b>
Contributor address; City; State; Zip Code <b>Rosewood Court 2101 Cedar Springs Rd #1900 Dallas TX 75201</b>		
Contributor's principal occupation <b>a Horey</b>		Contributor's job title
Contributor's employer/law firm <b>Lyons + Simmons</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>10/14</b>
2 FILER NAME <b>D'Metria Benson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9-2-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ben Taylor</b>	7 Amount of contribution (\$) <b>\$ 100<sup>00</sup> <del>XX</del></b>
6 Contributor address: _____ City: _____ State: _____ Zip Code <b>18601 Lyndon B. Johnson Freeway Ste. 525 Mesquite, Texas 75150</b>		
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>Ted Lyon + Assoc.</b>
Date <b>9-2-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jeffery Simon</b>	Amount of contribution (\$) <b>\$ 2500<sup>00</sup> <del>XX</del></b>
Contributor address: _____ City: _____ State: _____ Zip Code <b>1201 Elm St., Ste 3400 Dallas, Texas 75270</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Simon, Greenston Banatier</b>
Date <b>9-2-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Brian Sanford</b>	Amount of contribution (\$) <b>\$ 259<sup>92</sup> <del>XX</del></b>
Contributor address: _____ City: _____ State: _____ Zip Code <b>1173 Tea Olive Lane Dallas Tx 75212</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Sanford Firm</b>
Date <b>9-5-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Jose</b>	Amount of contribution (\$) <b>\$ 1000 <del>XX</del></b>
Contributor address: _____ City: _____ State: _____ Zip Code <b>100 Lexington Street, Ste 70 Fort Worth, Tx 76102</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Stack, Davis</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>11/10</i>
2 FILER NAME <i>D'Metria Benson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-6-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>David Kent</i>	7 Amount of contribution (\$) <i>\$ 104.<sup>15</sup><del>xx</del></i>
6 Contributor address; City; State; Zip Code <i>6 Twinn Bridge Ct Dallas TX 75243-6235</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9-8-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Aubrey Pittman</i>	Amount of contribution (\$) <i>\$ 2500<sup>00</sup><del>xx</del></i>
Contributor address; City; State; Zip Code <i>100 Crescent Court, Ste 700 Dallas, Texas 75201</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>The Pittman Law Firm</i>
Date <i>9-2-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Gina Gublin</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup><del>xx</del></i>
Contributor address; City; State; Zip Code <i>226 E. 6th St. Dallas Texas 75203</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)
Date <i>10-29-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jaine Fraser</i>	Amount of contribution (\$) <i>\$ 500<sup>00</sup><del>xx</del></i>
Contributor address; City; State; Zip Code <i>6324 Waggoner Dr Dallas Texas 75230</i>		
Principal occupation / Job title (See Instructions) <i>Psychologist</i>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>12/14</i>
2 FILER NAME <i>D'Metria Benson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7-25-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ramees Law Firm</i>	7 Amount of contribution (\$) <i>\$500</i>
6 Contributor address; City; State; Zip Code <i>3890 W. NW Hwy #650 Dallas TX 75220</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>7-25-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Frank L Branson PC</i>	Amount of contribution (\$) <i>2,500</i>
Contributor address; City; State; Zip Code <i>4514 Cole Ave #1800 Dallas TX 75205</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7-25-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Grier H. Roggio</i>	Amount of contribution (\$) <i>\$500</i>
Contributor address; City; State; Zip Code <i>1717 Arts Plz #2102 Dallas TX 75201-2527</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7-25-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bell, Nunnally + Martin LLP</i>	Amount of contribution (\$) <i>\$1,500</i>
Contributor address; City; State; Zip Code <i>2323 Ross Ave #1900 Dallas TX 75201</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>13/16</b>
2 FILER NAME <b>Dimetria Benson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7-25-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Crowe, Arnold &amp; Majors</b>	7 Amount of contribution (\$) <b>2,500</b>
6 Contributor address; City; State; Zip Code <b>901 Main St # 655D Dallas TX 75202</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>7-25-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Cherry Peterson Lardner Albert</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>8350 N Central Expwy #1500 Dallas TX 75206</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>7/25/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Thomas E Shaw</b>	Amount of contribution (\$) <b>\$ 1,000</b>
Contributor address; City; State; Zip Code <b>9304 Forest Lane #252 Dallas TX 75243-6238</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>7/29/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lyon Gorsky + Gilbert LLP</b>	Amount of contribution (\$) <b>\$ 100</b>
Contributor address; City; State; Zip Code <b>12001 N Central Expwy #650 Dallas TX 75243</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>14/16</b>
2 FILER NAME <b>D'Metria Benson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-10-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Matthew Maselk</b>	7 Amount of contribution (\$) <b>\$ 156.<sup>00</sup><del>xx</del></b>
6 Contributor address; City; State; Zip Code <b>890 W. Interstate 30 Garland Tx 75043</b>		
8 Contributor's principal occupation <b>Attorney</b>		9 Contributor's job title <b>Attorney</b>
10 Contributor's employer/law firm <b>Best Watson &amp; Gilbert</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <b>11-10-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Gary Fowler</b>	Amount of contribution (\$) <b>\$ 500<del>xx</del></b>
Contributor address; City; State; Zip Code <b>6715 Lakeshore Dr Dallas Tx 75214</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <b>12-29-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Godwin Bowman</b>	Amount of contribution (\$) <b>\$ 5000.<sup>00</sup><del>xx</del></b>
Contributor address; City; State; Zip Code <b>1201 Elm St. Ste 1700 Dallas, Texas 75270-2041</b>		
Contributor's principal occupation <b>Law Firm</b>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>15/16</b>
2 FILER NAME <b>D'Metria Benson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12-29-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Ted B. Lyon &amp; Associates</b>	7 Amount of contribution (\$) <b>\$ 2500<sup>00</sup> <del>XX</del></b>
6 Contributor address: _____ City: _____ State: _____ Zip Code <b>191001 LBJ Fwy, ste 525 Mesquite, Texas 75158</b>		
8 Contributor's principal occupation <b>Law firm</b>		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>12-29-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Law Office of Scott A. Parker</b>	Amount of contribution (\$) <b>\$ 1000<sup>00</sup> <del>XX</del></b>
Contributor address: _____ City: _____ State: _____ Zip Code <b>636 N. Hwy 67 Cedar Hills, Texas 75104</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>12-29-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Munsch Hardt</b>	Amount of contribution (\$) <b>\$ 500<sup>00</sup> <del>XX</del></b>
Contributor address: _____ City: _____ State: _____ Zip Code <b>500 W. Akard St. Ste. 3800 Dallas Texas 75201-4659</b>		
Contributor's principal occupation <b>Law Firm</b>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <i>16/16</i>
2 FILER NAME <i>Dilmetria Benson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12-29-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Fisk Attorneys</i>	7 Amount of contribution (\$) <i>\$ 250<sup>00</sup> TX</i>
6 Contributor address; City; State; Zip Code <i>2711 N. Haskell Ave. Dallas, Texas 75204</i>		
8 Contributor's principal occupation <i>Law Firm</i>		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>1/10</i>	<b>2</b> FILER NAME <i>D'Metrea Beuson</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>7/17/21</i>	<b>5</b> Payee name <i>Costco Warehouse</i>	
<b>6</b> Amount (\$) <i>109.00</i>	<b>7</b> Payee address: <i>8255 Churchill Way</i> City: State: Zip Code <i>Dallas TX 75251</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>food</i>	<b>(b)</b> Description <i>juicy</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>7/13/21</i>	Payee name <i>Costco Warehouse</i>	
Amount (\$) <i>146.00</i>	Payee address: <i>8045 Churchill Way</i> City: State: Zip Code <i>Dallas TX 75251</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Food</i>	Description <i>juicy</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>7/9/21</i>	Payee name <i>Times Ten Cellars</i>	
Amount (\$) <i>1,429.11</i>	Payee address: <i>4324 Prospect Ave</i> City: State: Zip Code <i>Dallas TX 75214</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event</i>	Description <i>Fundraiser</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2/10</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <b>7-15-21</b>	5 Payee name <b>Reilly Echols</b>
--------------------------	--------------------------------------

6 Amount (\$) <b>\$ 216 <sup>50</sup>/<sub>xx</sub></b>	7 Payee address: <b>1710 South Harwood Dallas, Texas 75215</b>	City:	State:	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Campaign Stationery</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>7-18-21</b>	Payee name <b>Democracy Toolbox</b>
------------------------	--

Amount (\$) <b>5000 <sup>00</sup>/<sub>xx</sub></b>	Payee address: <b>405 Rice St McKinney, Texas 75069</b>	City:	State:	Zip Code
--	--	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Campaign expense</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>3/10</i>	<b>2</b> FILER NAME <i>DiMetria Benson</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>8-30-21</i>	<b>5</b> Payee name <i>Texas Center for the Judiciary</i>	
<b>6</b> Amount (\$) <i>\$360</i>	<b>7</b> Payee address, City, State, Zip Code <i>1210 San Antonio St. Ste. 800 Austin, TX 78701-1834</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Education Expense</i>	<b>(b)</b> Description <i>Judicial Conference Fees</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>8-30-21</i>	Payee name <i>UPS Store</i>	
Amount (\$) <i>\$324<sup>00</sup>XX</i>	Payee address, City, State, Zip Code <i>7324 Gaston Ave. Ste 124 Dallas TX 75214</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Campaign Expense</i>	Description <i>Office Overhead/Rental Expense</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>9-13-21</i>	Payee name <i>Public Policy Polling</i>	
Amount (\$) <i>\$1250</i>	Payee address, City, State, Zip Code <i>2912 Highwoods Blvd. Ste 201 Raleigh, North Carolina 27604</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>Polling</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>4/10</i>	<b>2</b> FILER NAME: <i>Dilmetria Benson</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: <i>8-30-21</i>	<b>5</b> Payee name: <i>Reilly Echols</i>	
<b>6</b> Amount (\$): <i>\$ 376 <sup>17</sup>/<sub>4x</sub></i>	<b>7</b> Payee address; City; State; Zip Code: <i>1710 South Harwood Dallas, Texas 75215</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule): <i>Printing Expense</i>	<b>(b)</b> Description: <i>Printing Campaign Materials</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <i>8-4-21</i>	<b>Payee name</b> <i>Dallas AFL-CIO</i>	
<b>Amount (\$)</b> <i>\$ 250 <del>xx</del></i>	<b>Payee address; City; State; Zip Code</b> <i>1408 N. Washington Ave. Ste 240 Dallas Tx 75204</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule): <i>Advertising Expense</i>	<b>Description</b> <i>Advertising</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <i>9-9-21</i>	<b>Payee name</b> <i>MAC Taylor Inn of Court</i>	
<b>Amount (\$)</b> <i>\$ 200 <del>xx</del></i>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule): <i>Dues</i>	<b>Description</b> <i>Dues</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>5/10</i>	<b>2</b> FILER NAME <i>D'Metria Benson</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>9/9</i>	<b>5</b> Payee name <i>PayPal</i>	
<b>6</b> Amount (\$) <i>24999</i>	<b>7</b> Payee address: <i>2211 N First St San Jose CA 95131</i> City: State: Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fees</i>	<b>(b)</b> Description <i>Paypal fees</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>9/8</i>	Payee name <i>PayPal</i>
Amount (\$) <i>12524</i>	Payee address: <i>2211 N. First St San Jose CA 95131</i> City: State: Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>
	Description <i>Paypal fees</i>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date <i>9/2/21</i>	Payee name <i>PayPal</i>
Amount (\$) <i>12524</i>	Payee address: <i>2211 N. First St San Jose CA 95131</i> City: State: Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>
	Description <i>Paypal fees</i>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>6/10</i>	<b>2</b> FILER NAME <i>D'Metria Benson</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>9-9-21</i>	<b>5</b> Payee name <i>Alpha Phi Alpha Fraternity Inc.</i>	
<b>6</b> Amount (\$) <i>\$400.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>P.O. Box 153123 Dallas, Texas 75315</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <i>Ad</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>10-29-21</i>	Payee name <i>Reilly Echals</i>	
Amount (\$) <i>\$475.00</i>	Payee address; City; State; Zip Code <i>1710 South Harwood Dallas, Texas 75215</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Campaign Materials</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>7/10</u>		<b>2</b> FILER NAME <u>D'Metria Benson</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>10/20/21</u>		<b>5</b> Payee name <u>Paypal</u>			
<b>6</b> Amount (\$) <u>144.99</u>		<b>7</b> Payee address: <u>2211 N. First St</u> City: State: Zip Code <u>San Jose CA 95131</u>			
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Fees</u>		<b>(b)</b> Description <u>Paypal Fees</u>		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>9/30/21</u>		Payee name <u>Paypal</u>			
Amount (\$) <u>144.99</u>		Payee address: <u>2211 N. First St</u> City: State: Zip Code <u>San Jose CA 95131</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>paypal fees</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>9/10</u>		Payee name <u>Paypal</u>			
Amount (\$) <u>249.99</u>		Payee address: <u>2211 N. First St</u> City: State: Zip Code <u>San Jose CA 95131</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>paypal fees</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>8/10</i>	<b>2</b> FILER NAME <i>D'Metria Benson</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>11-24-21</i>	<b>5</b> Payee name <i>Master-Mark Advertising Agency</i>	
<b>6</b> Amount (\$) <i>\$ 399 <sup>00</sup>/<del>xx</del></i>	<b>7</b> Payee address; City; State; Zip Code <i>P.O. Box 1341 Desoto Texas 75123</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <i>Advertising</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>12-4-21</i>	Payee name <i>Democracy Toolbox</i>	
Amount (\$) <i>\$ 250 <sup>00</sup>/<del>xx</del></i>	Payee address; City; State; Zip Code <i>405 Rice St. McKinney Texas 75069</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Campaign Event</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>12-4-21</i>	Payee name <i>Dallas County Democratic Party</i>	
Amount (\$) <i>\$ 2500 <sup>00</sup>/<del>xx</del></i>	Payee address; City; State; Zip Code <i>1414 N. Washington Ave. Dallas, Tx 75204</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Ballot Filing Fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>9/10</i>	<b>2</b> FILER NAME <i>D'Metria Benson</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>11-10-21</i>	<b>5</b> Payee name <i>Democracy Toolbox</i>	
<b>6</b> Amount (\$) <i>\$450<sup>00</sup><del>00</del></i>	<b>7</b> Payee address; City; State; Zip Code <i>405 Rice St. McKinney Texas 75069</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <i>Campaign event</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>11-23-21</i>	Payee name <i>Elite News</i>	
Amount (\$) <i>\$700<sup>00</sup><del>00</del></i>	Payee address; City; State; Zip Code <i>3155 S. Lancaster Rd Ste 210 Dallas Tx 75216</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Advertising</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>11-24-21</i>	Payee name <i>MFM Advertising</i>	
Amount (\$) <i>\$2000<sup>00</sup><del>00</del></i>	Payee address; City; State; Zip Code <i>P.O. Box 1418 Desoto Texas 75123</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Advertising</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>10/10</i>	<b>2</b> FILER NAME <i>D'Almetria Benson</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>12-4-21</i>	<b>5</b> Payee name <i>EDSI dba Edwards + Patterson</i>	
<b>6</b> Amount (\$) <i>\$ 1282 <sup>76</sup>/<sub>XX</sub></i>	<b>7</b> Payee address; City; State; Zip Code <i>203 S. Beltline Rd Irving, Texas 75060</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>(b)</b> Description <i>Campaign signs</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>10-26-21</i>	Payee name <i>American Airlines</i>		
Amount (\$) <i>\$ 437 <sup>00</sup>/<sub>XX</sub></i>	Payee address; City; State; Zip Code <i>P.O. Box 619616 DFW Airport, Texas 75261-9616</i>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Travel out of District</i>	Description <i>Air fare</i>	
	<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <span style="font-size: 1.5em;">1/1</span>
2 FILER NAME <span style="font-size: 1.2em; color: blue;">D Metria Benson</span>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel  <span style="font-size: 1.2em; color: blue;">12-11-21 + 12-18-21</span>	7 Name of person(s) traveling <span style="font-size: 1.2em; color: blue;">D Metria Benson</span>	
	8 Departure city or name of departure location <span style="font-size: 1.2em; color: blue;">Dallas, Texas</span>	
	9 Destination city or name of destination location <span style="font-size: 1.2em; color: blue;">Naples Florida</span>	
10 Means of transportation <span style="font-size: 1.2em; color: blue;">Airplane</span>	11 Purpose of travel (including name of conference, seminar, or other event) <span style="font-size: 1.2em; color: blue;">Economics for Judges Seminar</span>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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